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## *Facsimile Transmittal*

**DATE:** November 3, 2005

**TO:** USPTO

**ATTN:** AMENDMENT

**RE:** Serial No. 10/062,155

**FAX :** 571-273-8300

**FROM:** George C. Pappas

**Number of Pages Sent:** 9 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 7 PAGES;  
TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, or:

11/3/05

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

9 of 17

PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 020009  
In Re Application of: Yu-Chuan Lin  
Serial Number: 10/062,155  
Filed: January 30, 2002  
Examiner: Amanda Le  
Group Art Unit: 2634

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	12	30	0	x \$18 =	\$0
Independent**	4	7	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES  <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$110	\$
				\$420	\$
				\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				<b>TOTAL FEE</b>	<b>\$0</b>

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 11/3/05

Signature: \_\_\_\_\_

George C. Pappas, Reg. No. 35,065  
858-651-1306QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 11/3/05

## FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kasmir  
(type or print name)

Signature: \_\_\_\_\_

PTO AND PATENT UNIT 13 07/20/03

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application  
No. 10/062,155For: RECEIVER NOISE  
ESTIMATION

Yu-Chuan Lin

Examiner: Erin M. File

Filed: 01/30/2002

Group No. 2634

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NOV 03 2005RESPONSE TO OFFICE ACTIONMail Stop No Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated August 10, 2005 please amend the above-identified application as indicated below.

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**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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**FACSIMILE**

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Depositor's Name: Daria Kasmado  
(type or print name)Date: 11/3/05Signature: 